



FEMA Canine Search Readiness Evaluation

Application for Evaluation



Testing Level (Please circle one):

Type II

Type I

Test Date:

Test Location:

Applicant's Personal Information

Name:

Training Unit or Task Force:

Address:

City:

St:

Zip:

Home Phone No.:

Pager:

Work Phone No.:

FAX:

e-mail Address:

Emer. Contact:

Relationship:

Address:

Home Phone No:

Pager:

Work Phone No:

Physical Data: (Please list any physical limitations which may affect your participation in the process)

Canine Information

Canine's Name:

DOB:

Weight:

Height at Withers:

Breed / Markings:

If Testing for Type I Certification, please provide the following information:

Sponsoring Unit or Task Force:

Date of Type II Certification:

Lead Evaluator / Incident Commander:

Location:

Canine Immunizations

Type	Date	Type	Date
Rabies		Parvo	
Distemper		Heartworm	
Hepatitis		Bordetella	
Leptospiroses		Other:	

My dog and I are physically sound and are currently under no restrictions. I understand and accept that the decisions of the evaluators are final and binding.

Applicant's Signature:

Date:

Task Force Endorsement

Type II

The above team is in compliance with the FEMA policy on aggression, has successfully completed the Type II written test, completed a TF administered Type II pretest evaluation and is approved to participate in this evaluation.

Task Force Official

Date

FEMA Task Force

Daytime Phone No.

Type I

The above team is in compliance with the FEMA Policy on Aggression and is considered ready to participate in this evaluation.

Task Force Official

Date

FEMA Task Force

Daytime Phone No.